Conference Introduction and Speaker Bio

Welcome, everybody. Thanks for joining us at this exciting plant based anti-cancer conference for cancer protective conference. And I'm so excited today because I have the fantastic Michael Greger joining us today to talk about obviously, that nutritional excellence has incredible power to prevent, not just prevent, heart attack and diabetes and blood pressure, but to really give people the opportunity to protect themselves against cancer.

And it's tremendously, underrepresented. So we got to talk about it that today. All right. Talk about it. All right. So I just got to introduce Doctor Gregor first.

Just a second a few quick lines because he's one of the, you know, the superstars in the nutritional movement. He's a, founding member of the American College of Lifestyle Medicine.

Of course, he's an internationally recognized speaker on nutrition. He's the, host, you know, of the science based nonprofit Nutritional facts.org, which offers free online hosting, more than you know, 2000 videos and articles on health and nutrition.

And he's also an acclaimed author with bestselling books, selling millions of copies of How Not to Die, the How to Die cookbook, How Not to Die, and How to Age.

They all became almost instant New York Times bestsellers, and the bottom line is, is that he's produced and worked on a tremendous volume of research and has a familiarity with a tremendous amount of data and nutritional science world.

And so we're really excited to have him to communicate, contribute to this event. And obviously, he uniquely does not receive his all his work as a nonprofit.

His it generates tremendous, support for nutritional science. And you know, of course, and so all sales books and honorarium and everything are donated to, to the furtherance of nutritional science.

Okay, here we are, doctor Gregor, thanks for joining us. It's nutrition facts, not nutritional facts. I don't know where nutritional facts will take you on the internet, but, it's probably some porn site.

Okay. If I made that mistake, I'm terribly sorry. Nutrition facts.org. All right. Okay, let's get into this now. So here's the thing.

Screening, Treatment, and Overdiagnosis

Obviously, one of the main things we're talking about is that people have this, over an optimistic viewpoint that medical screenings, medical interventions, chemotherapy, radiation that were saving the lives from cancer are winning the war on cancer was overly, unrealistic viewpoint of what doctors can do and are very under realistic and not a they don't understand how powerful nutritional excellence is really to modulate, and both give us the ability to prevent most common cancers and to even enhance lifespan, prevent recurrence, or even even encourage remission in early stage cancers.

So give me a take on some of this. Yeah, I mean, surveys show that both, patients and doctors alike wildly, wildly overestimate the power of pills and procedures to keep mouthy.

So, for example, people think that cholesterol lowering statin drugs are about 20 times more effective than they actually are to prevent heart attacks.

So no wonder most people rely on drugs to save them, right? But our leading killers aren't caused by drug deficiency. The dirty little secret medicine is that most people surveyed said they would not be willing to take many of these drugs, like antihypertensive or after a process, or anti cholesterol drugs if they knew how little benefit these products actually offered.

Whereas treating the actual cause by clearing up our diet is not only safer and cheaper, but maybe more effective in preventing and reversing, resting some of our leading cause of death.

That's why I'm so glad that you're doing this. I'm actually planning an 18 book series on cancer starting in 2027. I'm going to I'm going to do a book on every cancer that kills more than 5000 Americans.

So there's 18 cancers. And so that is going to be my life. It's going to be all cancer, all the time for the foreseeable future. And so, yeah, I'm really looking forward to diving into the time I'm spending this year a lot on prints protection, too, because we've done so much on diabetes and heart disease. Right.

We've kind of devoted to this because we're seeing, you know, radical benefits. And people don't just overestimate what medical treatments can do, but they overestimate what medical screenings can do.

They think you can get like mammograms and prostate exams and PSA. And we're saving so many lives. And by early intervention, early detection, it's grossly, false, grossly false.

Right. Well, I mean well so. Right. So there's this sense that we are preventing cancer screening. Of course, by definition we're not preventing cancers.

We're just picking it up. But the idea is that, look, if we caught it early enough, maybe we would actually be able to save some lives. And that's not the case, right?

There's no difference at all cause mortality for PSA testing for men. No difference in all cause mortality for mammograms, for women, regardless of what frequency.

And there's actually very few screening. So, certain types of colorectal cancer screening and, cervical cancer screening actually, may save lives. But beyond that, so you know, for example, you know, teaching women, doctors, teaching women to do, breast self-exams was actually worse than useless.

Yeah. So the risks were actually exceeded. The benefits, skin cancer screenings also actually the the the, there was a there's a huge trial in Germany, suggested that, the risks actually exceed the benefits, and people don't understand these.

Like, what do you mean, risks? Well, what are the risks of a screening procedure? Right. You get a blood test or you get. I mean, what's the what's the big deal?

Well, there certainly are, risks for certain procedures, like, you know, colonoscopies. But the, people don't understand. It's not just the risks of false alarms.

Like, wouldn't it be scary if, you know, they said, oh, there's something, that we see in the mammogram. We're not. We're concerned about the little biopsy, and you wait all the time.

Turns out it's not like you. It's not just that kind of anxiety. The biggest downside of cancer screening is what's called overdiagnosis, meaning if we detect a cancer and we treat a cancer that with all of our armamentarium, right, chemo, radiation, whatever it takes.

For a cancer that never would have a, you never would have known about had you not done the screening, that you would have done with the cancer rather than front of the catch, you wouldn't even have known you had the cancer.

Some breast cancers come and go. They just disappear on their own. And so that's why, so that's why. And so then and ironically, those people who are cured from, cancer are the, the biggest cheerleaders, you know, PSA tests or mammograms.

They, they found cancer early. They got rid of it, and now I'm all better. And so there. But ironically, those who are most harmed, you know, or actually claim the greatest benefit, and, and so, I mean, that's and, you know, getting that kind of, irradiation to the chest increases risk of heart disease for women, etc..

That's why even though we may be able to prevent some breast cancer, that's we don't see any reduce of reduction of death overall. And that's unfortunate because there's a very serious risk of overdiagnosis.

Yeah. They're getting chemo when they don't need it. And the chemo cause the problems and other causes of death and other causes of cancers. But yeah.

So and I think our point here is that we're making this point that if people had a realistic idea of the lack of efficacy and real safety in conventional screenings, which is not the important point, the important point is they it would make them more likely to embrace what really does work and what really is important that they're not embracing.

And that's our main point, you know, do what's really going to be effective, do what's really going to change your life. And that's change your diet and change your lifestyle and stop incurring the causes of cancer thinking doctors are going to protect you because they're not.

It's you that has to protect yourself. And then things you can do that is, really, really, really effective. That's underestimated. Right? Well, I'm so glad you bring up that point.

You know, just when you talk, when I do videos talking about how ineffective statin drugs are, for example, I'm not the statin drugs are actually remarkably effective on a public health scale, saving thousands of lives every year.

But on an individual basis, most people wouldn't consider taking them. The the the point is not, oh, these drugs are terrible. The point is, no, there's actually something that can dramatically decrease your risk of heart disease.

Right. And it's only because you think these drugs are so effective. That and so, in fact, people, they're getting screening, there's actually concern, there's a licensing effect.

It's like, oh, I don't have cancer. Oh, then I don't have to change my diet. Right. Oh, I, I've been screened for colorectal cancer. So I don't have to worry about whatever. Right.

Because I'm, I'm now, you know, the getting kind of a stamp of approval. Oh, you have normal cholesterol, normal blood pressure.

Diet as Cancer Prevention and Risk Reduction

Even though, you know, we're in a society where it's normal to die from heart attacks and strokes and all sorts of other problems, and so that so that's a further kind of downside.

But. Right. But it's not right. We're not really against screening because all these serious evil doctor conspiracy. We're railing against the efficacy of screening.

And look it's your body your choice. If you think the benefits outweigh the risks, then go for it. I mean, that's the current Uspstf. Recommendation for PSA screening, for example, is, you know, every person should be described the risk benefits and make up their own mind.

And look, I'm entirely in favor. I look at that data and like, no way am I going to get a PSA screening. But look, you're you may be different. The right the point is there are actually powerful things we can do to live long, healthy lives.

And so we just cannot rely on the kind of tradition we really have to take responsibility for our own health. I'm so excited. Are you doing this kind of summit, to put those tools in people's hands, right.

So, exactly. People, they think that treatments and they even go to alternative medicine treatments that are right. And it's either medical, conventional alternative medicine treatments with the the thing that really does work, which is not a type of it's not treatment, it's changed, it's the food.

If it's not right and these doctors are bad. So I'm going to get a witch doctor to cure me instead. How about treating the cause of the underlying disease?

But, you know, we don't want to talk about that necessarily, because then it lays blame at the feet of these poor, sick people. But look, I mean it. That's one way you can look about it.

The other way you can look at about it is this tremendous optimistic view. You have tremendous power over your health, destiny, and that the vast majority of humans are death and disability is preventable with a healthy enough plant based diet and lifestyle.

And so, no, that's good news that you that you had a role in your breast cancer, you had a role in your heart disease. You had your role in your obesity because that means you can do something about it.

If you had no role, if it truly was some kind of, you know, a quirk of, you know, you know, some, some, some genetic, you know, but we oh, well, then that's terrible news, because then at any time you have like, no control over anything.

No, we have tremendous control. And it's never too late. Never too late to start to start moving, to start eating healthier, to stop smoking. We really do have the power, right.

So let's now go into some of that power and give represent it represent a certain because my my a motive I of a mission is to put together you know obviously the dietary portfolio help people put together a diet a of substances that really do protect their lives, you know, and there's so much data out there.

There's so many studies out there, hundreds, thousands of studies showing a check to the fact that these foods that are out there that people don't even understand, haven't even heard about.

And it's not in the media, you know, and I love that, I love that, that approach. You know, there's this portfolio diet thanks to David Jenkins, the University of Toronto.

Look at it. Look, there's different cholesterol lowering food. So in addition to being a plant based diet, getting rid of the saturated fat, trans fat and cholesterol, this increase in cholesterol, let's add foods that I that actively pull cholesterol from your body from a a variety of different mechanisms.

So you can use a portfolio of different foods to pull cholesterol down the most powerful, dietary intervention, to, to pull down cholesterol as effective as first line standalone.

So why not? Look, there's all sorts of foods that decrease your risk of specific cancers. Let's have a portfolio of different foods. There's the sense that oh eat more plants.

No there's iceberg lettuce right. And then there's you know, collard greens right. You know you know there's bananas and then there's blueberries. You know, we cannot you know, there's specific foods we specific effects. Yes.

There are some nutrients like vitamin C found widely throughout the plant kingdom. But there are other things like the lignans and the flaxseeds or the, you know, the the you know, the the the the simulates and the and the cruciferous vegetables that if you were not or if you were not eating cruciferous vegetables, you are missing out.

If you are not eating flex, since you are just missing out on this very powerful anti-cancer compound that you're just not going to get out, get eating other kind of foods about 100 times the concentration of lignans compared to most other foods, although sesame seeds do have some but I mean, and we have not just epidemiological studies, observational studies, but they have these, you know, studies where you take women with breast cancer and we have biopsies before and after six months of randomizing people in a double blind manner with flaxseed containing muffins, you can't tell who got the flaxseed muffins versus the placebo muffins.

Right? And you actually see differences in the expression of some of these, cancer markers six months after in those who were randomized to the flax. So we actually have this high level evidence of specific foods that can have specific effects.

And why aren't we talking about it more? Because there's not a big flax. There's not, you know, out there. But we can get the information out and help change people's lives, right?

It's, you know, it's funny that these these, interventions are studied independently. You just. Twix. The flax is the only vegetable you just add mushrooms, you just add green to it.

You just add berries. It's just one variable. And it's really, you know what happen if you change 30 variables, right? No. And took away all the other garbage people reading it.

So we're talking about incredible power that cancer is really that we really can prevent cancer, just like we can prevent heart disease, you know? So let me going back to this flax thing again too.

How much flax or chia like I personally mixed flax, grind flax and grind three and mix it together. And I put a couple tablespoons on that on my morning.

Yeah. Oh. How much how much flax. Chia. And you when you know they're going after nutritional variety. Two franks chia hemp. Both omega three omega three seeds.

You know, how much do you think about fiber? But you're not getting lignans. I mean, in some of these other seeds. And so that's why part of my daily dozen of the checklist of all the healthy and healthy foods, I encourage people to fit into their diet, kind of the the g bomb equivalent in the nutrition facts world is a tablespoon of ground flaxseed today.

And so you said so fast eight against low. So a tablespoon of ground flax seeds today. So one table that gets you your 2.2g of linolenic acid. And the lignans I'm, I'm concerned about long term consumption.

More than like a tablespoon and a half. But, unless it's cooked, but. Yeah. My tablespoon day, that's part of my daily doesn't. And what I do is I mix it, because, I was really impressed with the body of literature about sperm eating and, as an autophagy booster, writing my latest book on at age.

And so I added wheat germ. It's most concentrated dietary source. So I actually mix wheat germ and flax in 1 to 1, ratio. And then and so and I sprinkle that on stuff.

In fact, I've added to that all sorts of other things that have a neutral flavor, that I want to add multiple times to my diet. So I'm, doing phyto sterols, I'm adding psyllium, I'm adding, I'm considering adding taurine.

Interestingly, this is not, specifically for cancer, but for other issues, mostly, decreasing LDL as much as possible. Some of the things I'm adding so you don't use chia seeds.

Oh, I mean, I use it not daily. I mean, I, I have to use these. I use them for specific recipes. I like mixing cheeses. I have about a third the amount of lignin compared to flax.

And they still got, you know, third know, third to a third. Yeah. One third. The amount of flax. It's just a thought of like like flax is 20. 20mg per tablespoon.

So seven milligrams of lignans. Oh. I'm impressed. Okay. Yeah, I can diversify a little bit. You know. Yeah. Well, yeah, I was saying that more diversification of different that have the same but okay so that's great.

So you're going you're adding the, the wheat germ which is great. And you're getting of course it's like a raw a raw organic wheat germ. Yep. And it's dirt cheap right.

Because it's a byproduct of the milling industry. Right. Cool. And so right. And so of course, the reason we don't do this portfolio approach in the scientific realm is because we want to control as many variables as possible, right?

We just want to look at flax. We do flax and broccoli. Who knows. It's the flax in the broccoli. And as practitioners we're like, who cares if it's the flax in the broccoli, right?

Let's do both of them. In fact, let's do all 20 of them. Because look, it's a like life or death, right? Let and look maybe some of them have similar mechanisms kind of and you know, and don't have kind of additive effects upon the others.

Who cares? Right? I mean, we're talking about safe, simple side effect free solutions with no downside. Let's throw it all in the mix. Right.

Building a Cancer-Protective Food Portfolio

And so you so greens you're doing cruciferous vegetables raw and cooked and raw lettuces too. What are you doing as far as your green consumption. So so I do kind of the hacking hold. Right.

So I'm eating them cooked, but I'm chopping them first, waiting 45 minutes, before cooking them. So I get this vervain, which is heat stable. And so every morning.

So I have right now, I have my, I have my chopped grains. I pressure steam them. For, you know, a minute, an Instant Pot. And so, which seems to be the most kind of nutrient preserving and, I'm doing, you know, I do, 2 pounds, 2 pounds of cruciferous a day.

It's usually usually kale. My favorites. Lots. And I don't care. The dinosaur kale, the black Californian can't get it where I am. But when I get back to civilization, kind of in the rural, stuck in rural Virginia these days, when I get back to civilization, I'll get my favorite kale.

I'm stuck with green curly as we speak, and so are you doing, you see, not doing grow up. You're not doing broccoli sprouts and lettuces and then raw onions.

Scallion. You know, I shouldn't be doing broccoli sprouts. I got out of the habit when I was traveling because I just couldn't keep them from molding over.

But now that I'm now that I'm stuck for the winter, I should I should get back. I have a I should get back in the broccoli sprouts. That's an excellent recommendation.

Yeah. With scallion and onion in the in the salad too, you know, and you chew your teeth. This is making me hungry. You know, there's some advantage to, like, mixing it with your saliva and your teeth and the bacteria in your mouth and all that stuff, and chewing it really well.

Good for your teeth. Anyway, I'm in currently some good free time. I'm encouraging you to chew a salad, too. Okay, good. Great. Okay, so what about, Now, how do you incorporate mushrooms in your program?

Of course. Right. Because we're getting the earth lining and the sperm adding all these micronutrients you can't get otherwise. Yeah. And so, yeah, I'm a big fan of port genies.

But, yeah, there were mushrooms every day. That's my. If there was a baker's daily dozen, it would be, mushrooms

would be the 13th. Yeah. Okay. All right. So what? What are we.

Of course, we're talking here about, you know, wild blueberries, blackberries and stuff. You did that with. How do you. Where do you put that into? It's my breakfast. Yeah, yeah, so I do, I do mixed berries with, I do groats, a combination of groats.

So, oats, barley, barley, rye groats and lentils together in this kind of broad, prebiotic mix that I mix with, with berries, wild blueberries, mix in blackberries.

It's pomegranate season. So of course, I'm adding, fresh pomegranates. This is the really neat meat I do. You know what I do? I take black lentils. I cook them in the black lentils. Right.

I don't mix it with the grain. I put the wild blueberries, I love it, and I mix the wild blueberries with the pomegranates I have in my freezer. So I mix the. Why a great, great minds think alike.

Yeah that's cool. Right? And then I'm adding pumpkin seeds in the flax mixture and. Yeah. Right. I, you know, you know, whatever, whatever. Whatever strikes a walnuts, Toombs.

Walnuts. Yeah. For sure. All right. Great, great. So you really, Let's see, what did we miss? Onion. Well, green tea. Right? Yeah. Green tea. Yeah. Yeah.

I mean yeah, exactly. The EGCg is and also you remember that study from the, the Asian study where they had women who. Well, this was the study that followed women for like 20 years that showed protection against breast cancer because they ate some mushrooms every day.

But the ones that had the green tea and the mushrooms and the 90%. Yeah. Like a 90% reduction of cancer, except that it. But yeah, it's crazy people. Can you imagine if a drug could do what food could do? Oh my god.

Yeah they would. Making billions of dollars. Well there is a drug but food can do. It's called ozempic. And boy is it $1 trillion industry. Well, I don't know if I can do what food can do, but you know, so you're right.

Yeah. Food is food is just so incredibly powerful. And the and the portfolio we're putting together here and we're going to go eat. We'll go over this later with people.

All the list of all the things we recommend recommending. But the full portfolio preventative. And before we close we got to talk about this that these things that work synergistically that you include in your diet that have such powerful effects to protect cancer, are also effective when a person has an early stage cancer or has a treated cancer to prevent recurrence, it's that they also show the effect of extending lives with cancer, and they're more effective than conventional treatments are ad promoted, enabling people to extend lifespan, even people with a diagnosis of cancer.

So this is what's so you know. Yeah, I mean that's that's a critical recommendation of the American Institute for Cancer Research. World Cancer Research funded the same die that prevents cancer, is the same diet used to treat cancer.

And, you know, I, you know, it's important to remind people of this kind of artificial elimination, line between prevention and treatment. Because for these typical epithelial cancers, you know, breast cancer, breast cancer, colon cancer, ovarian cancer, they take decades, to grow.

And so the, the, the ovarian cancer was diagnosed with, 70th May have started when we were 50. So for 50 years we've had this cancer growing. And so all of a sudden on one day you get a cancer diagnosis.

You're like, I was healthy yesterday and today I have cancer, right now, you've had cancer for 50 years. And so all the while you were quote unquote preventing cancer.

No, you were treating your cancer. You were slowing down the rate of growth in hopes that you never even have to worry about a cancer anytime within your lifetime.

And so that's it's critically important when you do these autopsy studies of, you know, women in their 30s who get killed with an accident. And you look and see these microscopic breast cancers or you see, you know, my, you know, prostate cancer tumors or thyroid cancer, tumors, a cancer is a common phenomenon.

But we are constantly fighting back and against any budding tumors. So you don't wait until the cancer diagnosis, to start eating healthier. You do beforehand, and you think you're preventing cancer, but often you're actually treating any cancer that you eventually get diagnosed with because it's large enough that you actually pick it up, or preventing it from ever being diagnosed.

Never even knew you had cancer. So even better, I love it, I love it. The obviously the point we're making is now's the time to do it. Not now. Now it's never too early. It's never too late. Just do it.

Because this is super effective and perfect. And then later on when people have cancer, they run and they go for treatments like they've got in garden variety, estrogen positive breast cancer or indolent growing prostate cancer.

And they have radiation or chemo, and they do all these hormones to do these treatments, and they do not focus on their diet, dietary excellence and the portfolio of foods that we're talking about, which is more effective then then the medical, then the medical treatments, and what's important to recognize regardless of what conventional treatments you choose, you can always also improve your diet, right?

You want to go all in chemo radiation. That's no excuse to not, in fact, is even more important to improve your diet because you have to counter the side effects of the, the treatment.

And so that's the nice thing about diet is that regardless of what else you do, you can always choose to eat the healthiest and give your body the best chance of survival.

Yeah. And yeah.

Diet, Recurrence, and Closing Remarks

And of course, the, other aspect is that when you're doing when you're doing all this, it's this even if they have chemo, there could be stray cells that escape the chemo and these stray cells that are scattered throughout the body that escape chemo doesn't kill every cell.

The body has the ability to seek out and destroy individual cells and create apoptosis of cells that could actually grow back and create a recurrence of cancer that causes the patient's death and secondary recurrence.

And that's where nutrition and my lifetime experiences as a clinician taking care of people with cancer, that's what we've seen a tremendously effective this preventing recurrence of these cancers because of this of nutritional excellence, you know.

Yeah. Yeah. No, no. And so the right so that's why I said, for example, you know, women that consume soy, we now have, half a dozen studies looking at thousands of breast cancer survivors those age.

So a significantly lower risk of cancer recurrence, as well as a significantly lower all cause mortality than those women with, with, a diagnosis of breast cancer who don't eat soy. Yep.

So. All right, so we're hitting on all these individual facts and I'm so excited. This is exactly what I was, going to do in the, in the in the cancer series is like, okay, every single food that's ever been associated with survival, lung cancer goes in lung cancer book.

Every food does everything right. So there's like a portfolio of foods that, best fight lung cancer. And so this is the

daily prescription, you know, I mean, that's a that's that's I'm so excited.

See, I'm telling you, great minds. Great minds. Yeah. So that's what we're going to put together a prescription for people to give the diet and give the right type of extra, additional conservative use of supplements.

Just the, the and the all these things that they could do that are really very effective. And so what's what's what's up. Yeah. Give me, give me an example of, cancer for any supplement.

Okay. Like like turmeric and the American green tea EGCg and green tea. Okay. Genes and possibly the, you know, the mushroom, mixed mushroom extracts from a variety.

You know, you dried with mushroom. I say, right, right. Okay. You know, interestingly, any herbs it's nice is to like, you know, I love it. Sage Rosemary time. Yeah. Yeah, yeah.

Remember from rosemary and, you know, all these things of juicing in our exposure to to the natural plant worlds, natural protective tampons, you know, for lunch, it's like we've we've changed our thinking in the last five years.

Instead of thinking like, okay, we're going to eat like, kimchi or from yogurt to get the right probiotics, right bacteria or take a probiotic supplement.

Now realize it's the variety of fibers, phytochemicals and diversity, the plant kingdom that leads to the most healthiest immune system and variety of these substances do work effectively with each other and synergistically.

We have this unique opportunity in human history to get these to, like, make our diet have this wide variety, these protective substances that a person wouldn't have this knowledge, wouldn't know how to do years ago. Right?

Absolutely. You know, people don't understand that the word fiber is this catch all term for literally thousands of different, you know, indigestible carbohydrates that fit under that.

And they all may feed different subpopulations of good gut bugs. And so that's why, you know, people are like, oh, fiber is good. I'm going to take some kind of, supplement fiber supplement as opposed to having, you know, you know, 50 different foods a week or whatever, the different, you know, kind of diversity challenge you don't do because you're feeding, the wide, range of, of different good gut bugs with prebiotics.

The, the, the, the good gut bugs, but the good gut bugs each rather than taking probiotics, which you're just going to die. The reason you don't have good gut bugs is because you're obviously creating a bad environment in your gut.

And so if you take the they're going to die off just like the other good gut bugs died off. And so that's why you actually got to create a good you got to keep coming down the hatch with these wonderful bounty.

And so they will, you know, be fruitful, multiply all on their own. Well, great. Michael, I think we, you know, we we talked we covered a lot in a short period of time, you know, valuable things here.

And I think it's going to help people understand the whole point of this much, much better. Well, thanks to you, you got to do this into a book or something.

I'm excited to read. I want to see what your cancer portfolio is. Not really. You know, I make little pamphlets or booklets for people with, you know.

All right, well, send me your booklet, you know? Okay. I don't really make it into a total book because I'm, like, past that point in my life. Okay, well, give me the pamphlet.

Okay. Tell me. Okay. Sounds good. All right, well, thanks again for your contribution here. Great to see you. Keep up the great work. Yeah. Okay. Take care. All right, all right.

Good. Everybody. Thanks for joining us. And don't miss the rest of the series. All right. Bye bye everybody.